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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 10/011,466 11/05/2001 PAT 6,809,099
 which claims benefit of 60/245,888 11/03/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN-FILING LICENSE GRANTED ** SMALL ENTITY **

** 07/01/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no Examiner's Signature <i>Alleyne T. Plowright</i> Initials	STATE OR COUNTRY MA	SHEETS DRAWING 15	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 4
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TITLE

Saframycins, analogues and uses thereof

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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